

Adverse Childhood Experiences (ACEs) 2020



UTAH DEPARTMENT OF
HEALTH
Violence & Injury Prevention Program



61.4% of Utah adults surveyed experienced at least one adverse childhood experiences (ACE) and 24.3% experienced three or more.



Emotional Abuse was identified as the most common ACE experienced by Utahns (36.9%).



Utah women and people who are American Indian/Alaska Native are affected by statistically higher prevalence of four or more ACEs than Utah as a whole.



Utah households making <\$24,999 a year are impacted by higher numbers of ACEs than other income levels (statistically higher prevalence of 4+ACEs than Utah as a whole).



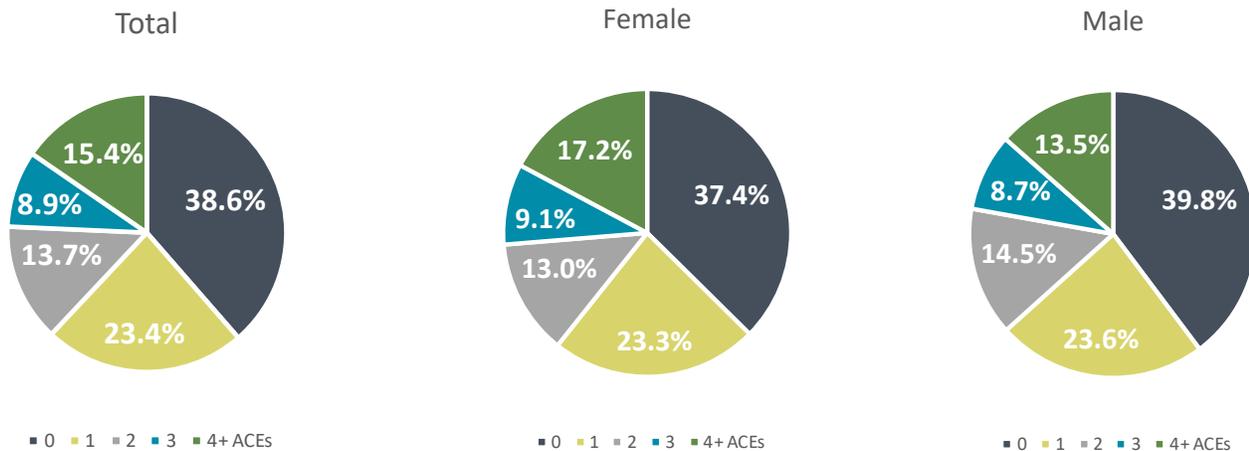
ACEs are preventable and their negative impacts can be mitigated/redefined.

Adverse Childhood Experiences (ACEs)

Childhood experiences, both positive and negative, have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity. ACEs are a collection of experiences that may be traumatic to children and youth, which include abuse, neglect, household challenges, and other adversities that occur during the first 18 years of life. ACEs have a tremendous impact on future violence, victimization, and perpetration, as well as lifelong health and opportunity. ACEs are common; as nearly two-thirds (61.6%) of surveyed U.S. adults experienced at least one ACE and many adults experienced more than one.¹ ACEs can affect optimal health and development across the lifespan, particularly in the absence of protective factors. ACEs can, however, be prevented.^{2,3,4,5,6,7}

In Utah, 61.4% of adults have experienced at least one ACE, and nearly one in four have experienced three or more ACEs. Among Utah women, 26.3% experienced three or more ACEs compared with 22.2% of men, a statistically significant difference (Figure 1).

Figure 1: Prevalence of age-adjusted ACEs among Utah adults, 2013, 2016, 2018⁸

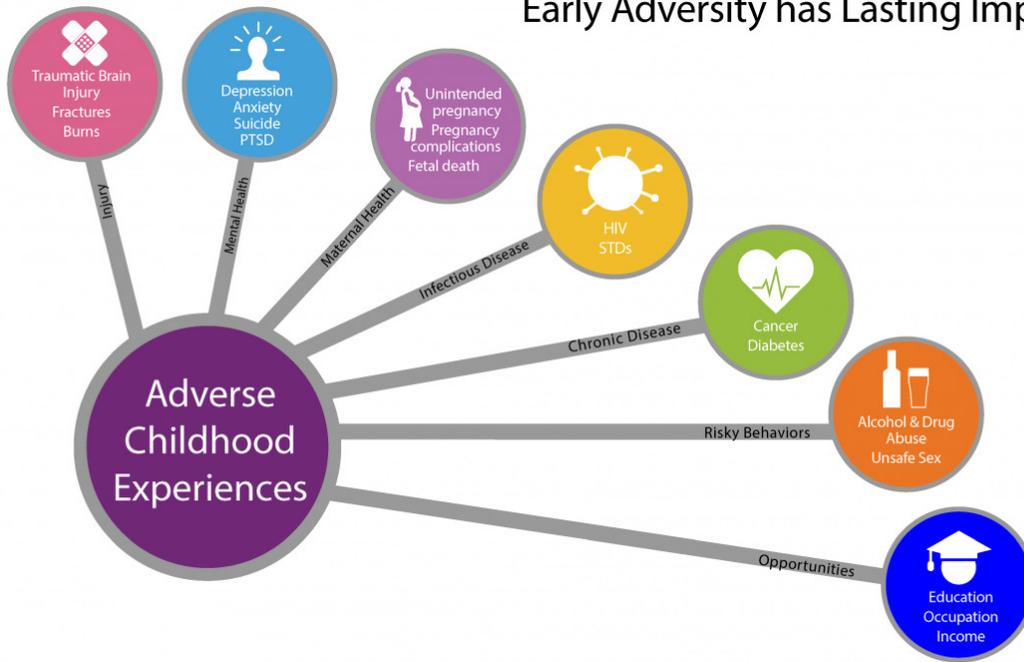


Lasting Effects of ACEs

As the number of ACEs increases so does the risk of injury, sexually transmitted infections (including HIV), mental health problems, maternal and child health problems, teen pregnancy, involvement in sex trafficking, a wide range of chronic diseases, and dying from one of the leading causes of death (such as cancer, diabetes, heart disease, and suicide). ACEs can also negatively impact education, employment, and earnings potential (Figure 2).^{9,10,11,12,13,14,15,16,17} However, it is important to remember that the presence of ACEs does not mean a child will experience poor outcomes. Protective factors can prevent children from experiencing adversity and can protect against many of the negative health and life outcomes even after adversity has occurred.

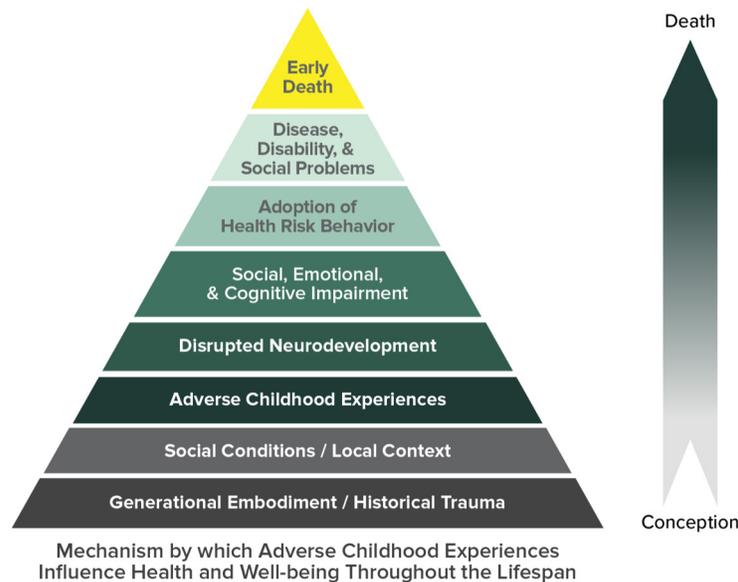
Figure 2: ACEs and Potential Outcomes¹⁸

Early Adversity has Lasting Impacts



Exposure to ACEs may result in toxic stress responses that can impede a child’s development, such as changes in gene expression, changes in brain connectivity and immune function, and changes in the type of coping strategies adopted. While many coping strategies are healthy and help reduce acute stress, some (e.g. smoking cigarettes, drinking alcohol, using substances, engaging in risky sexual behavior) present additional risks to health and well-being. As such, exposure to early adversity can increase risk of later chronic and infectious health conditions through changes in physiological mechanisms, as well as increased engagement in health risk behaviors, and can ultimately result in premature death (Figure 3).^{2,3,4,5,7,12,13,16,17,20,21,22}

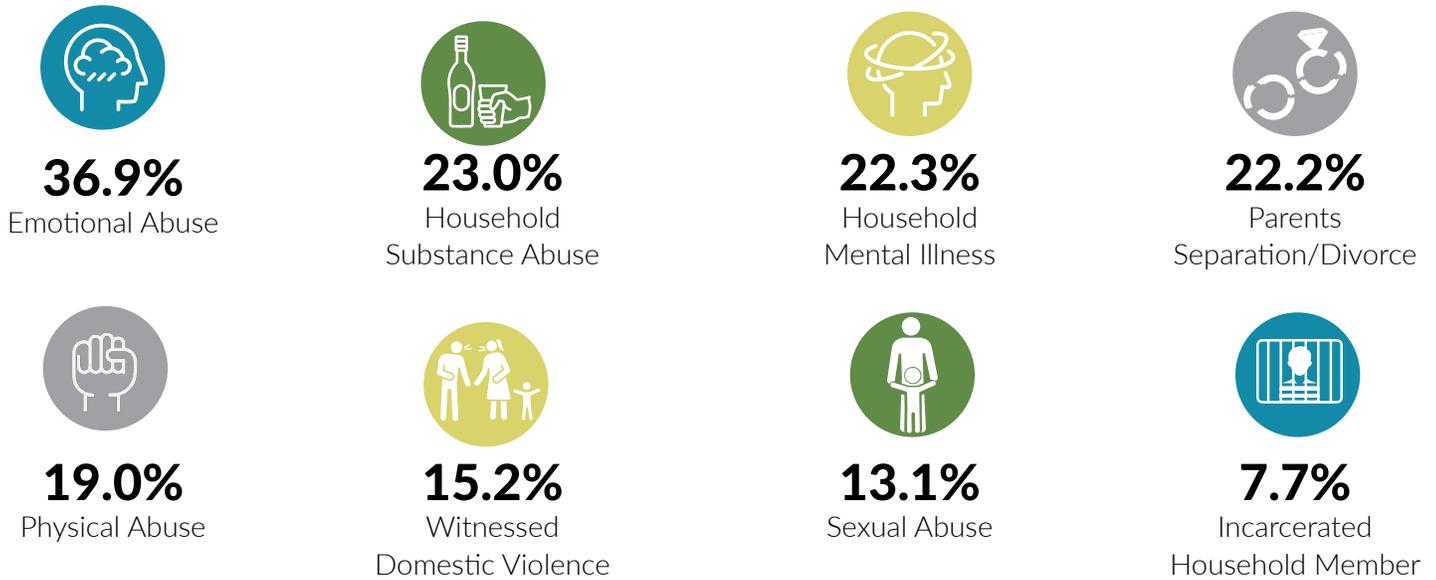
Figure 3: ACEs Pyramid¹⁹



Types of ACEs

The Behavioral Risk Factor Surveillance System (BRFSS) is an annual statewide phone survey of non-institutionalized Utah adults aged 18 years and older. The ACE module, adapted from the CDC-Kaiser ACE study to collect information on child abuse and household challenges, is an optional module states may chose to include year to year. In Utah the ACE module has been used three years: 2013, 2016, and 2018.

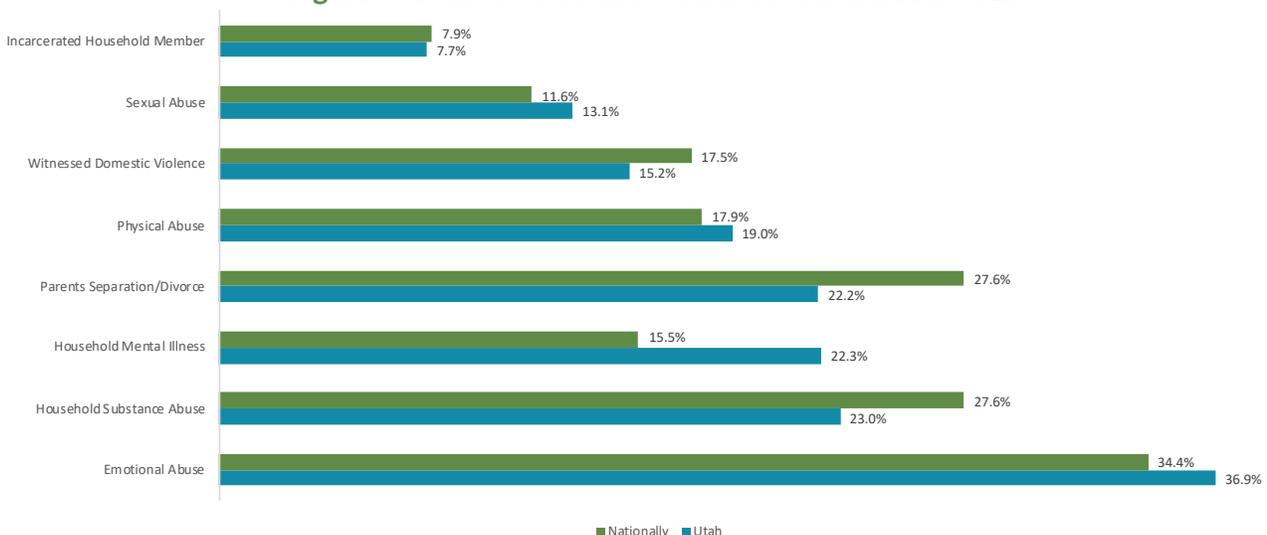
The most common ACE experienced by adults in Utah was emotional abuse with 36.9% indicating a parent or adult in the home had sworn at them, insulted them, or put them down before the age of 18. The next most prevalent ACEs in Utah are household substance abuse reported by 23% of adults and household mental illness reported by 22.3% of adults.⁸



Utah vs U.S.

Compared with national respondents, Utahns had higher percentages of Household Mental Illness (22.3% vs 15.5% nationally), Sexual Abuse (13.1% vs 11.6% nationally), Emotional Abuse (36.9% vs 34.4% nationally), and Physical Abuse (19% vs 17.9% nationally). Nationally, there are higher percentages of Divorce (27.6% vs 22.2% in Utah), Household Substance Abuse (27.6% vs 23% in Utah) and Domestic Violence (17.5% vs 15.2% in Utah) (Figure 4).

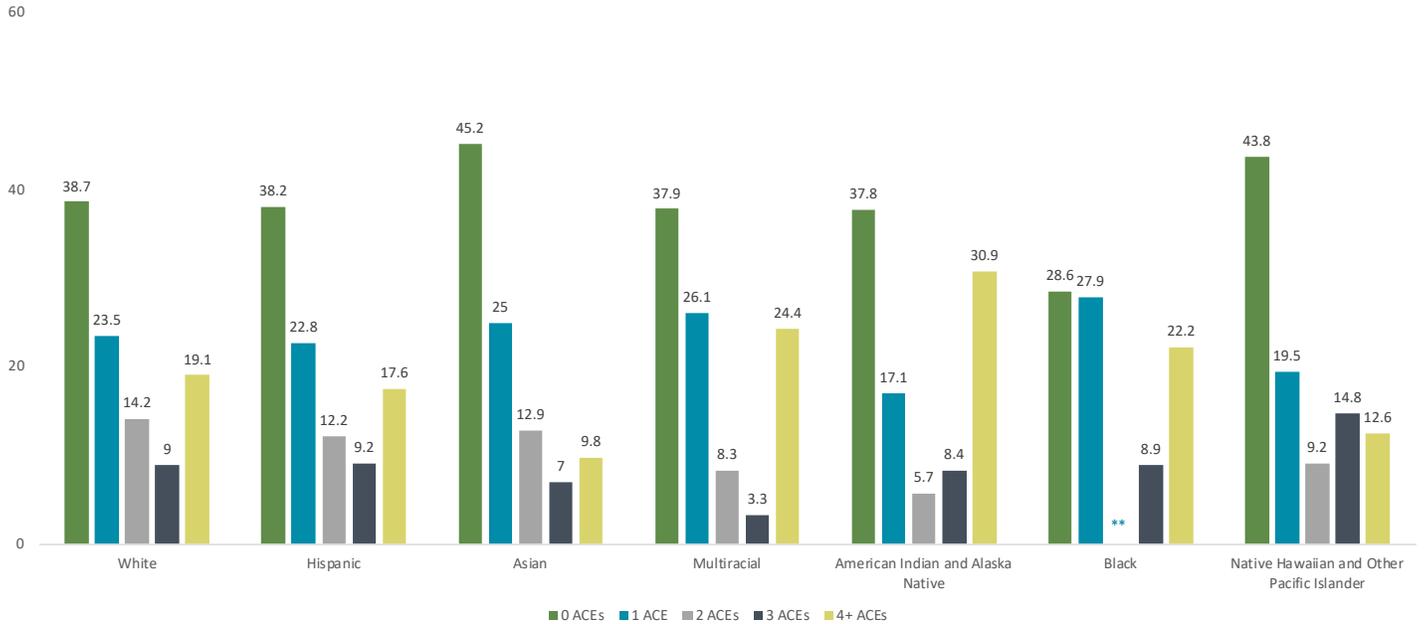
Figure 4: Utah vs National Prevalence of Individual ACEs¹



ACEs by Demographics

ACEs are common across all sociodemographic characteristics, yet some populations are more vulnerable to experiencing ACEs, such as children living in poverty and racial and ethnic minorities, because of the structural and social conditions in which some children and families live, learn, work, and play.²³ People who are American Indians and Alaska Natives are impacted with the highest numbers of ACEs, 30.9 percent having 4+ ACEs; followed by Multiracial at 24.4 percent and Black at 22.2 percent (**Figure 5**).⁸

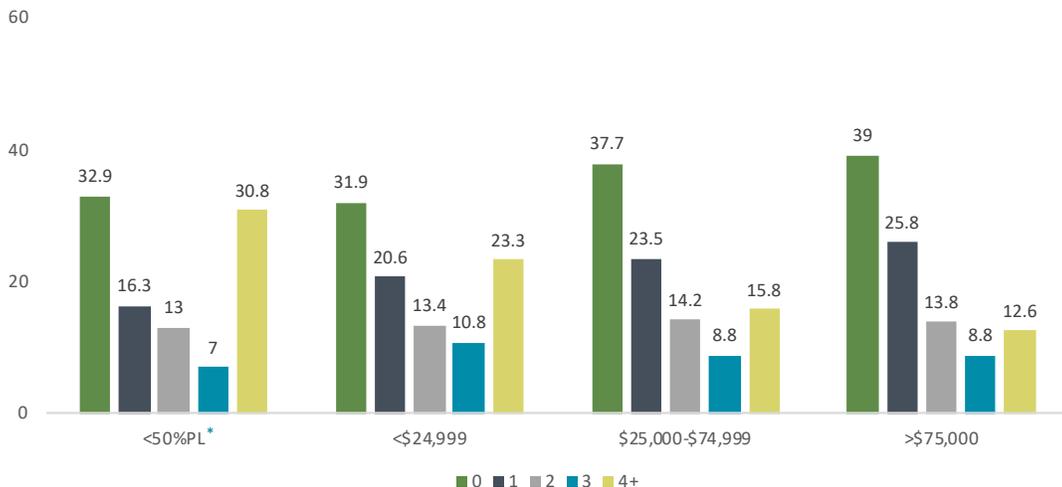
Figure 5: Percentage Distribution of ACEs within Racial/Ethnic Groups in Utah⁸



**The estimate has been suppressed because 1) the relative standard error is greater than 50% or can't be determined or 2) the observed number of events is very small and not appropriate for publication.

Households in extreme poverty (less than 50% of the poverty level) are also impacted with very high numbers of ACEs, 30.8% having 4+. This is more than two and half times the percentage of 4+ ACEs experienced by households making more than over \$75,000 (**Figure 6**).⁸

Figure 6: Percentage Distribution of ACEs by Household Income Level in Utah⁸



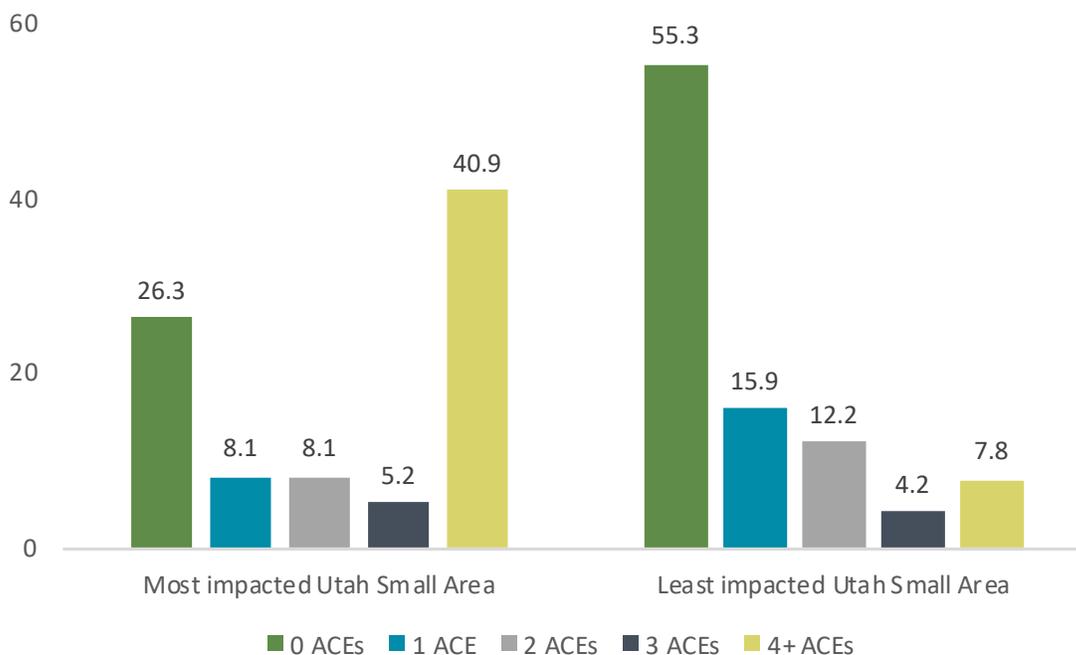
*Less than 50% Poverty Level (<50%PL) has been included to draw specific attention to the burden of high ACE scores on the poorest of the poor in Utah.



ACEs by Geography

In order to facilitate data reporting at the community level Utah has been divided into 99 Small Areas. These areas are determined based on specific criteria, including population size, political boundaries of cities and towns, and economic similarity.²⁴ When comparing Utah Small Areas by population density (Urban, Rural, Frontier), there is not a significant difference in the distribution of ACEs.⁸ However, there are Utah Small Areas that are significantly impacted by more ACEs or fewer ACEs than the state average (**Figure 7**) (**Map 1**) (**Table 1**)⁸.

Figure 7: Percentage Distribution of ACEs by Utah Small Area⁸



Map 1: Percentage of 4+ ACEs by Utah Small Area

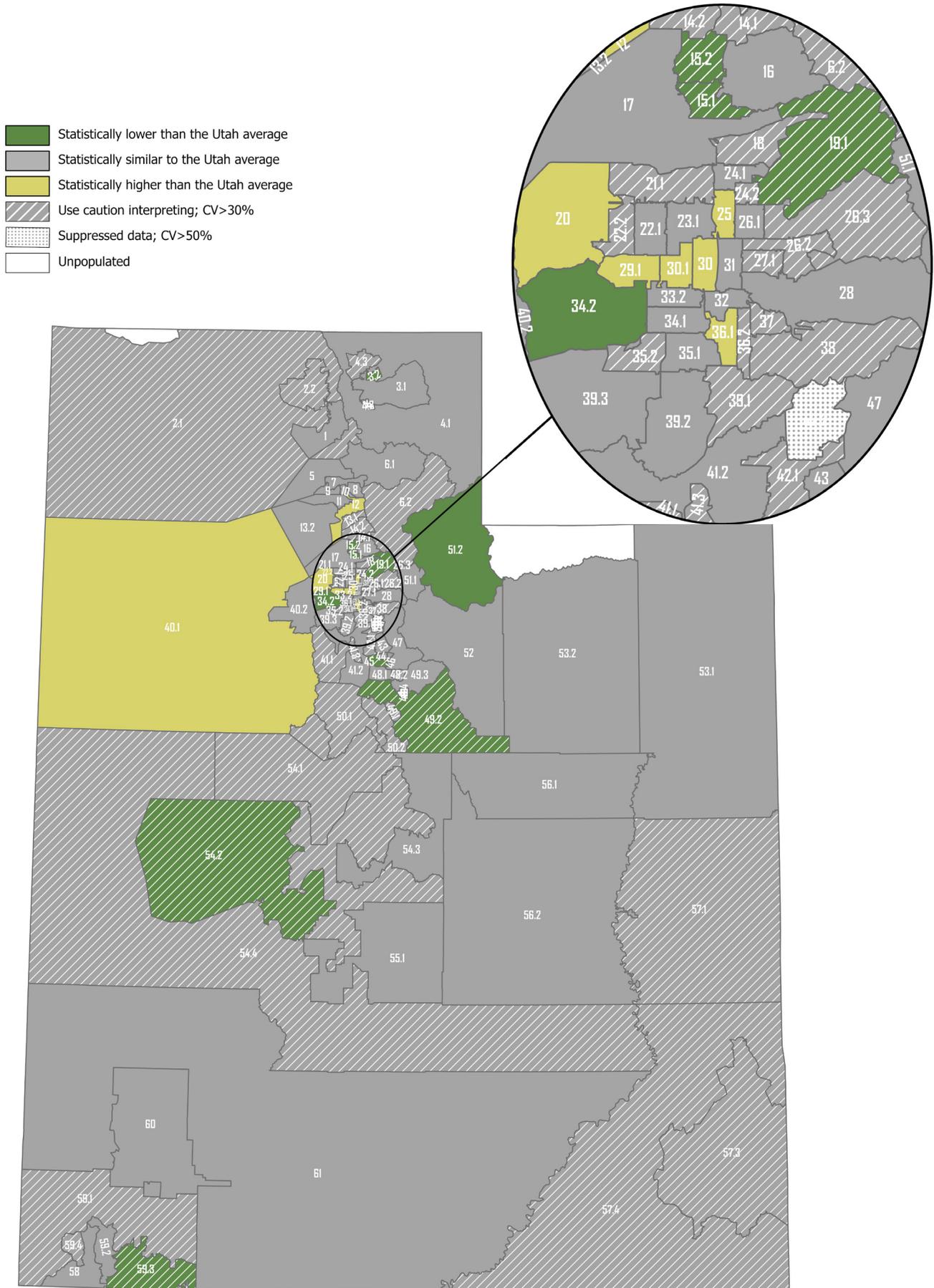


Table 1: Percentage of 4+ ACEs by Utah Small Area ⁸

Utah Small Areas	Small	Age-adjusted Percentage of 4+ ACEs
Brigham City	1	18.2 (10.6 - 29.4)
Box Elder County (Other) V2	2.1	20.2* (10.6 - 35)
Tremonton	2.2	9.4* (4.3 - 19.5)
Logan V2	3.1	14.7 (10.3 - 20.5)
North Logan	3.2	6.4 (3.2 - 12.4)
Cache County (Other)/Rich County (All) V2	4.1	14.4 (8.5 - 23.5)
Hyrum	4.2	**
Smithfield	4.3	16.1* (7.8 - 30.4)
Ben Lomond	5	18 (12.9 - 24.5)
Weber County (East)	6.1	10.1 (6.2 - 16.1)
Morgan County	6.2	20.6 (10.9 - 35.3)
Ogden (Downtown)	7	21.2 (14.9 - 29.2)
South Ogden	8	18.7 (12.6 - 26.8)
Roy/Hooper	9	17.8 (12.7 - 24.4)
Riverdale	10	21.6 (14.5 - 30.9)
Clearfield Area/Hooper	11	11.5 (7.6 - 16.9)
Layton/South Weber	12	20.3 (15.9 - 25.6)
Kaysville/Fruit Heights	13.1	9.3* (4.9 - 17)
Syracuse	13.2	16.7 (9.6 - 27.5)
Centerville	14.1	15.7* (8.1 - 28.1)
Farmington	14.2	15.2* (6.7 - 30.7)
North Salt Lake	15.1	6.7* (3.2 - 13.5)
Woods Cross/West Bountiful	15.2	6.1* (2.6 - 13.3)
Bountiful	16	11.3 (7.3 - 17)
Salt Lake City (Rose Park)	17	14.8 (9 - 23.3)
Salt Lake City (Avenues)	18	12.6* (6.9 - 21.7)
Salt Lake City (Foothill/East Bench)	19.1	5.9* (2.3 - 14.3)
Magna	20	26.7 (17 - 39.4)
Salt Lake City (Glendale) V2	21.1	18.7* (10.5 - 31.3)
West Valley (Center)	22.1	14 (8.7 - 21.8)
West Valley (West) V2	22.2	9.5* (4.4 - 19.2)
West Valley (East) V2	23.1	16 (10.2 - 24)
Salt Lake City (Downtown) V2	24.1	22.1 (14.1 - 32.8)
Salt Lake City (Southeast Liberty)	24.2	10.6* (5.7 - 18.9)
South Salt Lake	25	30.9 (21.5 - 42.2)
Salt Lake City (Sugar House)	26.1	23.5 (14.8 - 35.1)
Millcreek (South)	26.2	10.7* (4.9 - 21.9)
Millcreek (East)	26.3	17.2* (8.5 - 31.9)
Holladay V2	27.1	13.2* (6.4 - 25.3)
Cottonwood	28	13.7 (8.5 - 21.4)
Kearns V2	29.1	24.3 (16.8 - 33.9)
Taylorsville (East)/Murray (West)	30	24.6 (17.2 - 33.9)
Taylorsville (West)	30.1	26.9 (19 - 36.7)
Murray	31	24.5 (15.3 - 37)
Midvale	32	16.2 (9.6 - 26.1)
West Jordan (Northeast) V2	33.2	21.7 (13.3 - 33.4)
West Jordan (Southeast)	34.1	12.8 (7.6 - 20.7)
West Jordan (West)/Copperton	34.2	8.7 (5 - 14.8)
South Jordan V2	35.1	10.9 (6.6 - 17.4)

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<u>Daybreak</u>	<u>35.2</u>	<u>22.3* (11.5 - 38.7)</u>
<u>Sandy (West)</u>	<u>36.1</u>	<u>28.8 (18.1 - 42.6)</u>
<u>Sandy (Center) V2</u>	<u>36.2</u>	<u>16.6* (8.9 - 28.6)</u>
<u>Sandy (Northeast)</u>	<u>37</u>	<u>11.7* (5.1 - 24.8)</u>
<u>Sandy (Southeast)</u>	<u>38</u>	<u>13.5* (7.2 - 23.9)</u>
<u>Draper</u>	<u>39.1</u>	<u>6* (2.9 - 12.1)</u>
<u>Riverton/Bluffdale</u>	<u>39.2</u>	<u>13.5 (8.6 - 20.6)</u>
<u>Herriman</u>	<u>39.3</u>	<u>9 (5 - 15.7)</u>
<u>Tooele County (Other)</u>	<u>40.1</u>	<u>40.9 (28.7 - 54.3)</u>
<u>Tooele Valley</u>	<u>40.2</u>	<u>17.1 (13.1 - 22)</u>
<u>Eagle Mountain/Cedar Valley</u>	<u>41.1</u>	<u>15.8* (7.4 - 30.5)</u>
<u>Lehi</u>	<u>41.2</u>	<u>10.6 (6.4 - 17)</u>
<u>Saratoga Springs</u>	<u>41.3</u>	<u>6.7* (2.7 - 15.6)</u>
<u>American Fork</u>	<u>42.1</u>	<u>8.9* (4.4 - 17.1)</u>
<u>Alpine</u>	<u>42.2</u>	<u>**</u>
<u>Pleasant Grove/Lindon</u>	<u>43</u>	<u>19.1 (12.6 - 27.9)</u>
<u>Orem (North)</u>	<u>44</u>	<u>20.8 (13.8 - 30.2)</u>
<u>Orem (West)</u>	<u>45</u>	<u>6.9* (3.5* - 13)</u>
<u>Orem (East)</u>	<u>46</u>	<u>16.4 (9.4 - 27.1)</u>
<u>Provo/BYU</u>	<u>47</u>	<u>13 (7.5)</u>
<u>Provo (West City Center)</u>	<u>48.1</u>	<u>15.6 (9.6 - 24.4)</u>
<u>Provo (East City Center)</u>	<u>48.2</u>	<u>9.5* (3.9 - 21.4)</u>
<u>Salem City</u>	<u>49.1</u>	<u>12.4* (5.4 - 26)</u>
<u>Spanish Fork</u>	<u>49.2</u>	<u>7.4* (3.9 - 13.6)</u>
<u>Springville</u>	<u>49.3</u>	<u>16.4 (10.1 - 25.5)</u>
<u>Mapleton</u>	<u>49.4</u>	<u>**</u>
<u>Utah County (South) V2</u>	<u>50.1</u>	<u>13.3* (5.9 - 27.4)</u>
<u>Payson</u>	<u>50.2</u>	<u>9.6* (4.9 - 17.8)</u>
<u>Park City</u>	<u>51.1</u>	<u>11.4 (6.8 - 18.4)</u>
<u>Summit County (East)</u>	<u>51.2</u>	<u>7.8 (4.3 - 13.7)</u>
<u>Wasatch County</u>	<u>52</u>	<u>11.1 (6.8 - 17.8)</u>
<u>Daggett and Uintah County</u>	<u>53.1</u>	<u>15.1 (11.1 - 20.2)</u>
<u>Duchesne County</u>	<u>53.2</u>	<u>17.2 (12.6 - 23.2)</u>
<u>Nephi/Mona</u>	<u>54.1</u>	<u>7* (2.7 - 17.1)</u>
<u>Delta/Fillmore</u>	<u>54.2</u>	<u>7.3* (3.5 - 14.8)</u>
<u>Sanpete Valley</u>	<u>54.3</u>	<u>16.3 (10.4 - 24.6)</u>
<u>Central (Other)</u>	<u>54.4</u>	<u>11.9* (5.6 - 23.6)</u>
<u>Richfield/Monroe/Salina</u>	<u>55.1</u>	<u>19.1 (11.2 - 30.7)</u>
<u>Carbon County</u>	<u>56.1</u>	<u>20.2 (13.2 - 29.8)</u>
<u>Emery County</u>	<u>56.2</u>	<u>15.4 (9.6 - 23.9)</u>
<u>Grand County</u>	<u>57.1</u>	<u>12* (5.1 - 25.7)</u>
<u>Blanding/Monticello</u>	<u>57.3</u>	<u>8.6* (4.2 - 16.8)</u>
<u>San Juan (Other)</u>	<u>57.4</u>	<u>13* (5.3 - 28.5)</u>
<u>St. George</u>	<u>58</u>	<u>15.2 (10.9 - 20.8)</u>
<u>Washington County (Other) V2</u>	<u>59.1</u>	<u>15* (5.6 - 34.6)</u>
<u>Washington City</u>	<u>59.2</u>	<u>23 (14.1 - 35.1)</u>
<u>Hurricane/La Verkin</u>	<u>59.3</u>	<u>7.3* (3.3 - 15.3)</u>
<u>Ivins/Santa Clara</u>	<u>59.4</u>	<u>17.5* (8.8 - 31.8)</u>
<u>Cedar City</u>	<u>60</u>	<u>15.6 (10.2 - 23.2)</u>
<u>Southwest LHD (Other)</u>	<u>61</u>	<u>20.3 (13 - 30.3)</u>

*Use caution in interpreting; the estimate has a coefficient of variation >30% and is therefore deemed unreliable by Utah Department of Health standards.

**The estimate has been suppressed because 1) the relative standard error is greater than 50% or can't be determined or 2) the observed number of events is very small and not appropriate for publication.

ACEs Prevention Strategies

The wide-ranging health, social, and economic consequences of ACEs underscore the importance of preventing ACEs before they happen. The Centers for Disease Control (CDC) promotes lifelong health and well-being by assuring safe, stable, nurturing relationships, and environments for all children.

- Essentials for Childhood proposes strategies communities can consider to promote relationships and environments that help children grow up to be healthy and productive citizens so that they, in turn, can build stronger and safer families and communities for their children.
www.cdc.gov/violenceprevention/childabuseandneglect/essentials.html
- CDC's technical package for preventing child abuse and neglect identifies strategies to help states and communities prioritize prevention activities based on the best available evidence. These strategies focus on policies, programs, and norms change activities.
www.cdc.gov/violenceprevention/childmaltreatment/prevention.html
- Violence Prevention in Practice is a new web-based resource to help states and communities take advantage of the best available evidence to prevent violence.
vetoviolence.cdc.gov/apps/violence-prevention-practice

Strengthen economic supports for families

- Strengthen household financial security
- Family-friendly work policies
- In Utah, the Violence and Injury Prevention Program (VIPP) are working to increase the uptake in Federal Earned Income Tax Credit (EITC) and assessing policies that would allow child support payments, collected and retained by the state of Utah, to be "passed-through" to families who are receiving TANF (Temporary Assistance for Needy Families). The child support that is passed-through is also not considered as income when determining eligibility for public benefits like Medicaid, SNAP, etc.

Provide quality care and education early in life

- Preschool enrichment with family engagement
- Improved quality of child care through licensing and accreditation
- In Utah, the VIPP is working with partners to increase participation in high quality preschool enrichment programs and supporting efforts to implement a Quality Rating and Improvement System (QRIS) for child care programs

Intervene to reduce harms and prevent future risk

- Enhanced primary care
- Behavioral parent training programs
- Treatment to reduce harms of abuse and neglect exposure
- Treatment to prevent problem behavior and later involvement in violence
- In Utah, we are working to reduce harms through the implementation of trauma-informed practices on a system, state, and local level. We are also encouraging primary care physicians to add Safe Environments for Every Kid (SEEK) to their practice

Change social norms to support parents and positive parenting

- Public engagement and education campaigns
- In Utah, the VIPP is working to gather data and develop a campaign to address barriers to parental help-seeking behavior and encourage help-seeking for vulnerable parents
- In Utah, the VIPP is gathering data on parenting social norms across the state and working to address those practices which negatively impact the mental and emotional health of parent and child, such as corporal punishment

Enhance parenting skills to promote healthy child development

- Early childhood home visitation
- Parenting skill and family relationship approaches
- In Utah, the VIPP is bringing a lot of organization together to work to increase access to home visitation programs and evidence based parent training programs for high-risk families

BRFSS Adverse Childhood Experience (ACE) Module

Prologue: I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age. Now, looking back before you were 18 years of age---

- 1) Did you live with anyone who was depressed, mentally ill, or suicidal?
- 2) Did you live with anyone who was a problem drinker or alcoholic?
- 3) Did you live with anyone who used illegal street drugs or who abused prescription medications?
- 4) Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?
- 5) Were your parents separated or divorced?
- 6) How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?
- 7) Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking.
- 8) How often did a parent or adult in your home ever swear at you, insult you, or put you down?
- 9) How often did anyone at least 5 years older than you or an adult, ever touch you sexually?
- 10) How often did anyone at least 5 years older than you or an adult, try to make you touch sexually?
- 11) How often did anyone at least 5 years older than you or an adult, force you to have sex?

Response Options

Questions 1-4

1=Yes
2=No
7=DK/NS
9=Refused

Question 5

1=Yes
2=No
8=Parents not married
7=DK/NS
9=Refused

Questions 6-11

1=Never
2=Once
3=More than once
7=DK/NS
9=Refused

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Our Mission:

VIPP is a trusted and comprehensive resource for data and technical assistance related to violence and injury. This information helps promote partnerships and programs to prevent injuries and improve public health.

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